

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>3/16/00</i>
O.I.P.E. CLASSIFIER			<i>3-2-00</i>
FORMALITY REVIEW			<i>2-5-00</i>
RESPONSE FORMALITY REVIEW			

**BEST**

**COPY**

INDEX OF CLAIMS

✓ ..... R ..... N ..... Non-elected  
 = ..... A ..... I ..... Interference  
 (Through numeral) ..... Canceled ..... A ..... Appeal  
 - ..... Restricted ..... 0 ..... Objected

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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
 staple additional sheet here

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